Clinical Epidemiology Practice Metrics

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Clinical Epidemiology Metrics

- HEDIS®
- Population Health Navigator (PHN)
- ORYX®
- NQMP
- Healthy People 2010

HEDIS®

- Health plan Employer Data and Information Set (HEDIS®)
- Performance benchmarks for managed care and state/federal health plans:

  "… a set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed health care plans."
- Developed/maintained by the National Committee for Quality Assurance (NCQA)
- http://www.ncqa.org/Programs/HEDIS/

HEDIS Benchmarking

- Benchmarking and tracking selected clinical services has led to improvement in health care processes:
  - Enrollment/Administrative processes
  - Clinical processes (patient care and follow-up)
  - Data collection and coding
  - Patient and provider education

"In 'transparent' systems where performance measurement and accountability are the norm, it is possible to essentially erase the traditional concept of 'average' performance and replace it with universal excellence."

Margaret E. O'Kane, president, NCQA – The State

Population Health Navigator

- PHN: Web database updated monthly
  - Modeled on HEDIS® standards
  - Where does the data come from?
    - Integrated data from multiple sources: DEERS, SADR, SIDR, Monthly CHCS data queries, Purchased care claims data, PDTS (pharmacy claims data)
  - Patient and facility specific action lists
  - BUMED and NEHC administrators
  - Maintained by USAF
  - https://pophealth.afms.mil/tsphp/login/login.cfm

Population Health Navigator (PHN)

- Patient Populations tracked:
  - *Diabetics*
  - *Asthmatics*
  - *Hypertensives*
  - *High Utilizers*
  - *COPD*
  - *Depression*
  - *Low Back Pain (Acute & Chronic)*
  - *Cardiovascular Risk (DM, HTN, lipids)*
  - *Dyslipidemia (LDL >130, TC Ratio > 5)*
  - *Beta Blockers after MI*
  - *Cervical Cancer Screening (PAP)*
  - *Breast Cancer Screening*
    - Action lists, Prevalence lists
    - Patient and PCM specific

BUMED Clinical Practice Metrics

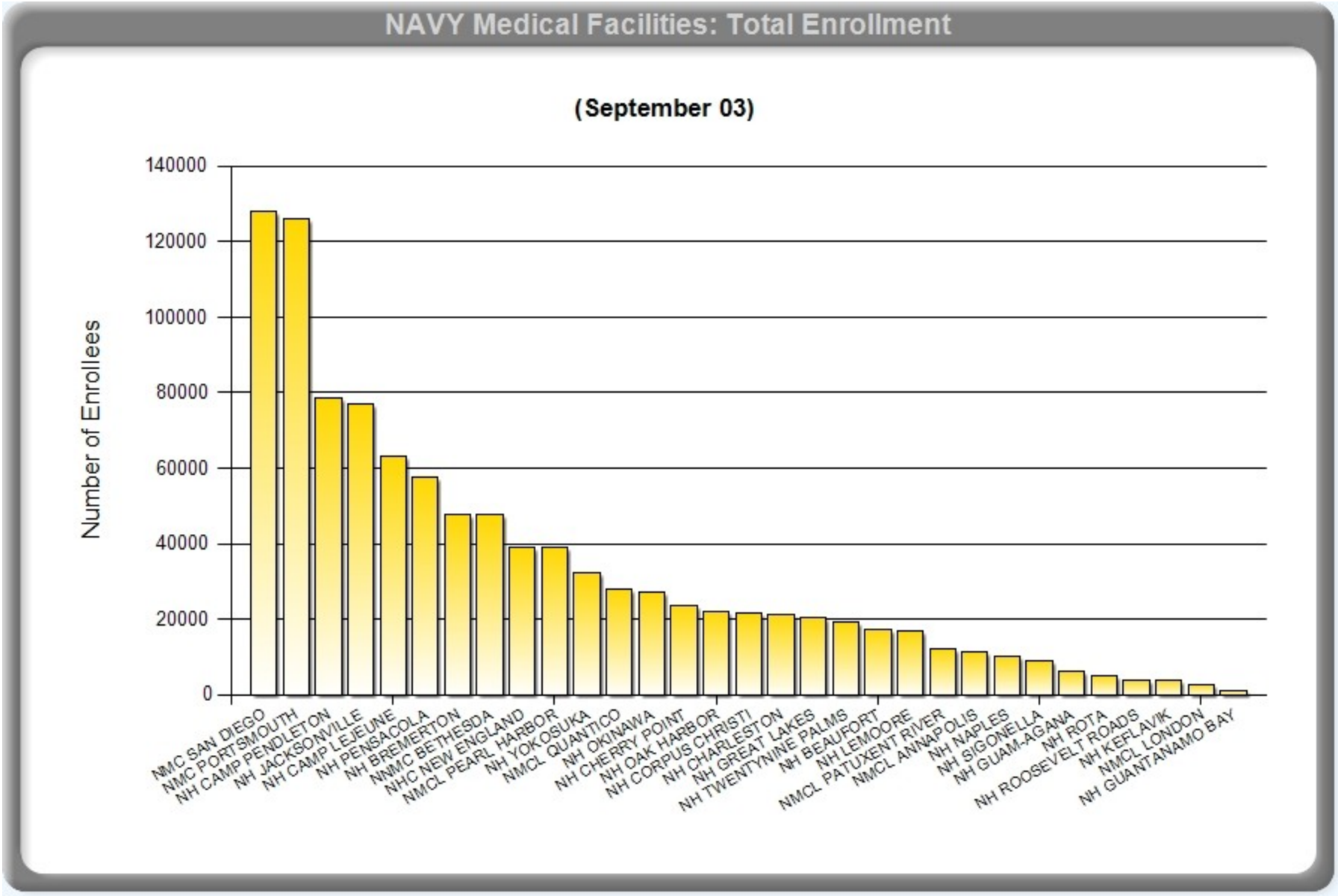
- BUMED M3M2 (Clinical Operations) designated four clinical practice metrics to be tracked to improve quality of clinical services in the BUMED Business plan:

1. Comprehensive Diabetic care: Hemoglobin A1C (HA1C) < 9.5 in past year
2. Comprehensive Diabetic care: LDL cholesterol < 130 in past year
3. Asthmatic care: Treatment with at least one long-acting medication in past year
4. Breast Cancer Screening: Mammogram in women aged 52-69 during the past two years

BUMED Clinical Practice Metrics

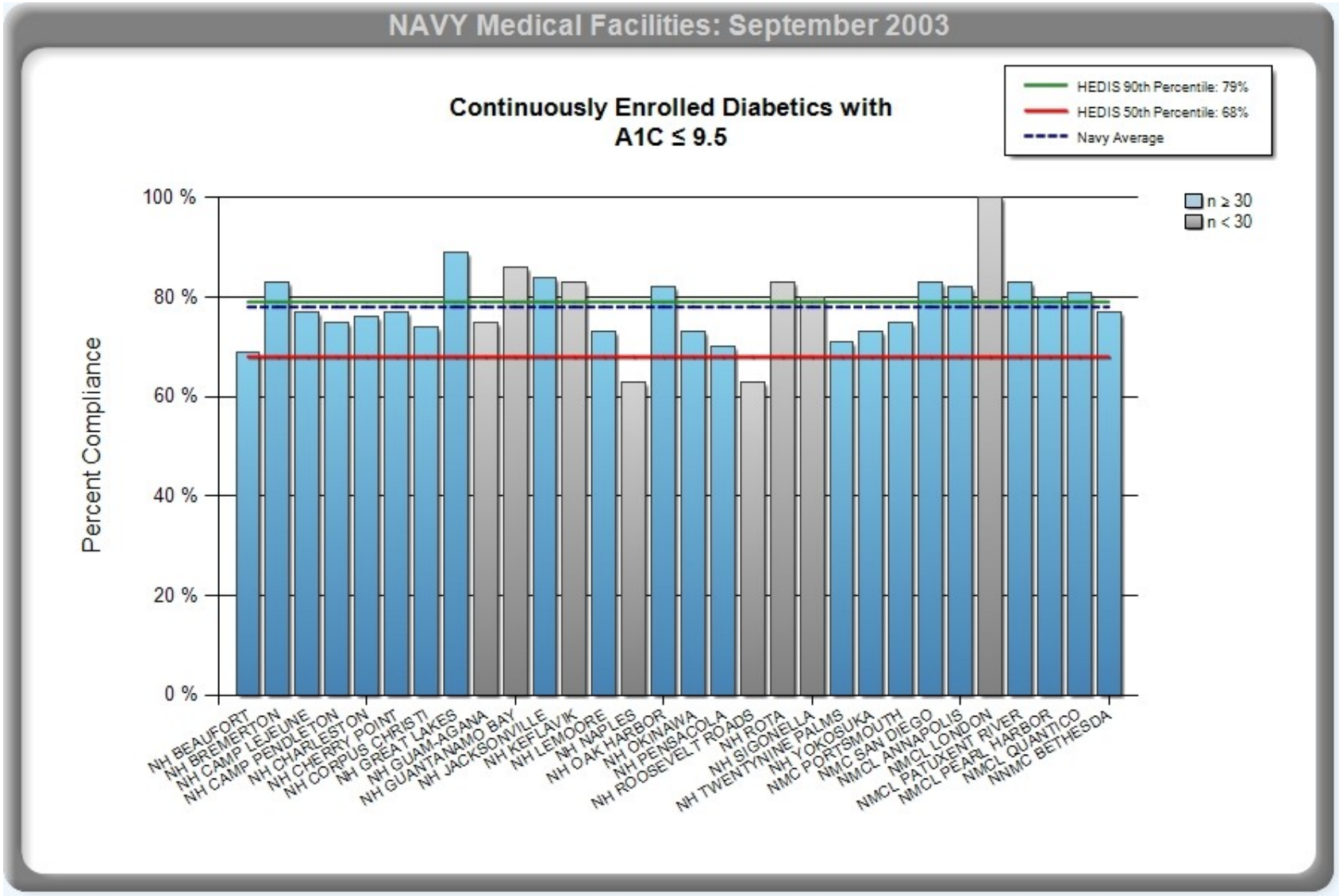
- Metric Publishing implementation plan
  - NMIMC and NEHC product
  - Location: NMO website, updated quarterly
  - Institutionalized by:
    - BUMED Business Plan
    - Surgeon General's Review
- Website: Dynamic charts
  - Overall enrollment and performance metrics
  - Dropdown menus below graph (Practice Metric selection, Facility/command selection)
  - Buttons above chart that show percentage and enrollment values
  - http://68.49.172.77/PopHealth/

Denominator BUMED Clinical Practice Metrics



Diabetics-HA1C Comparison

BUMED Clinical Practice Metrics



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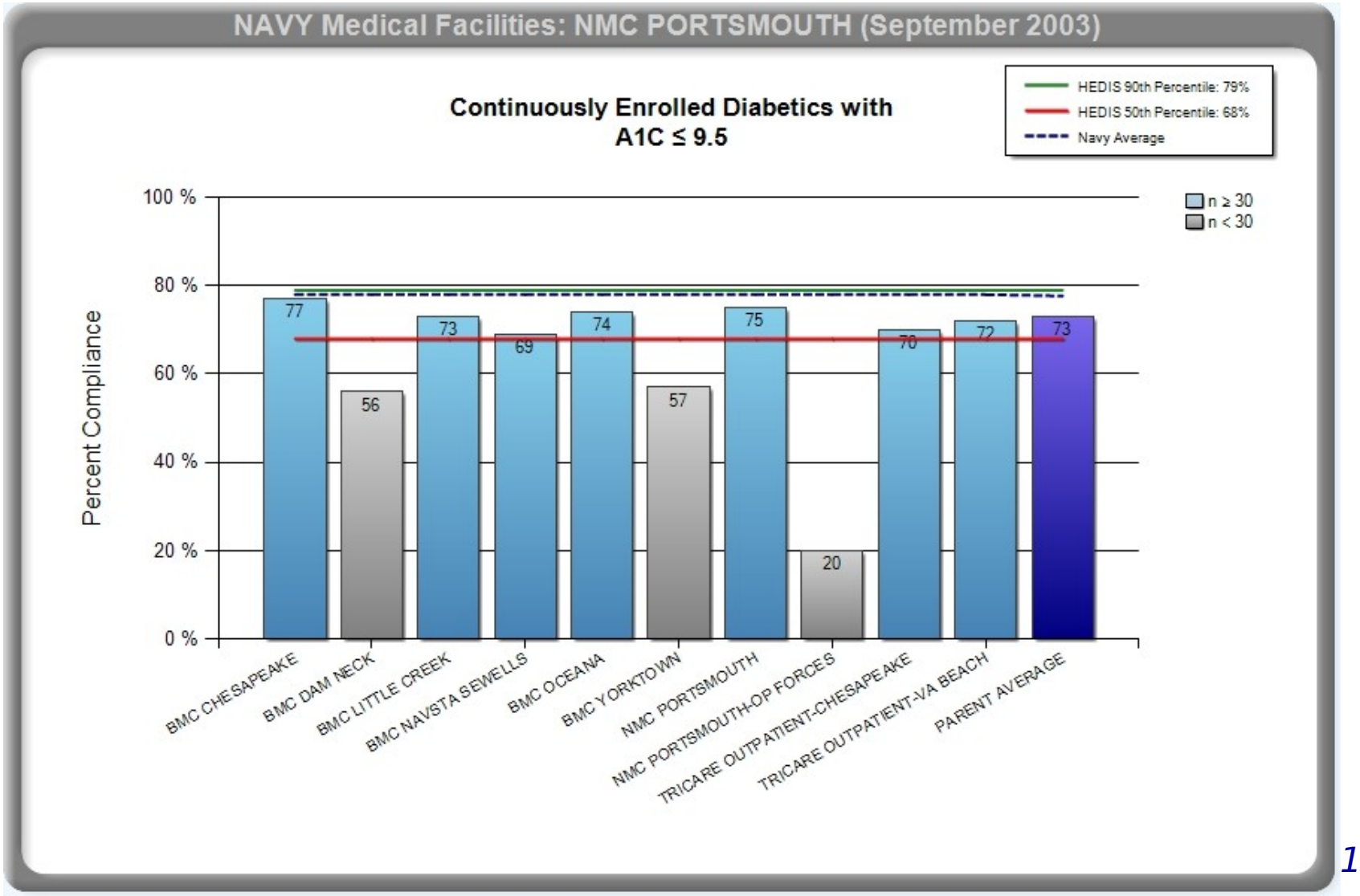

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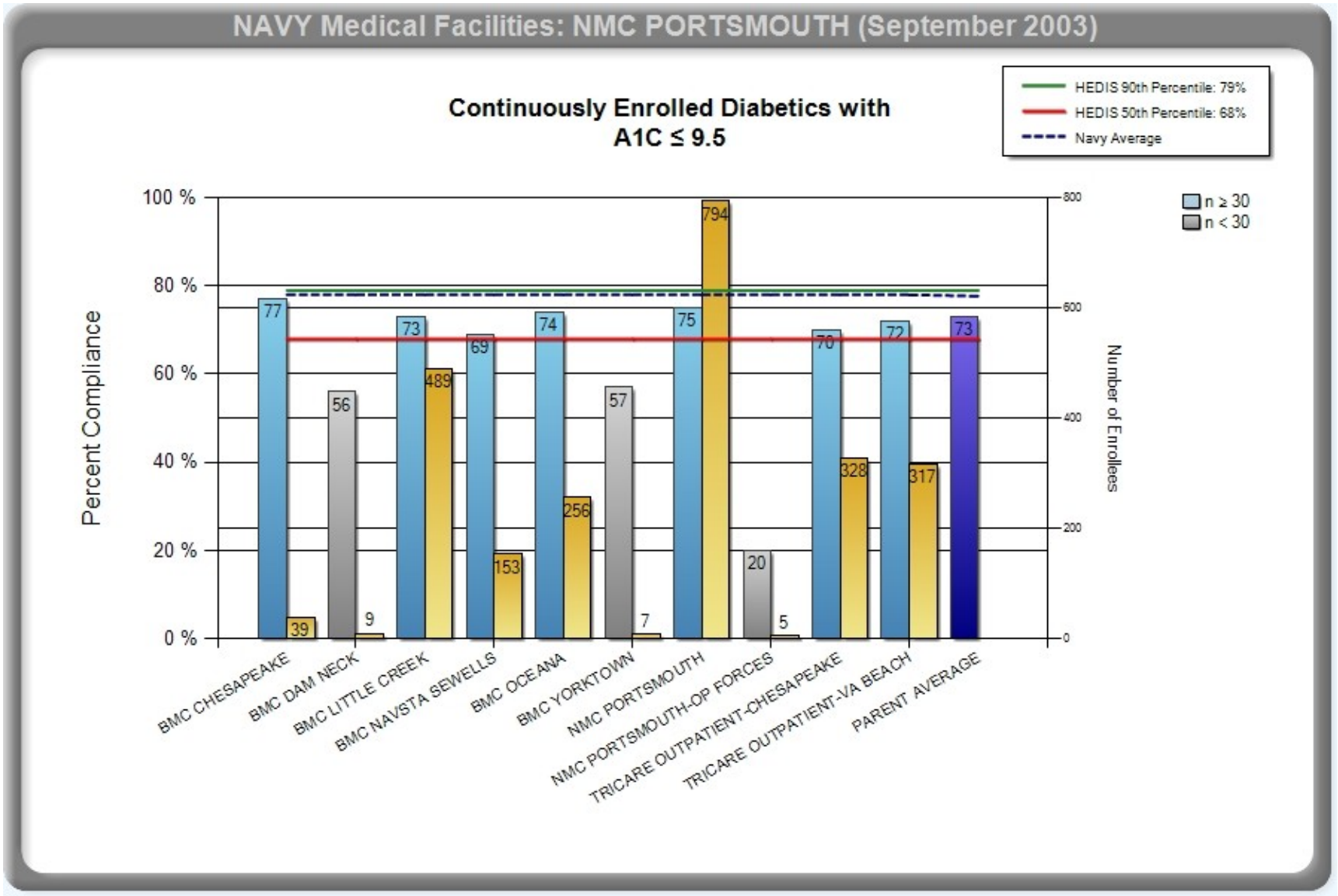

Diabetics-LDL Comparison

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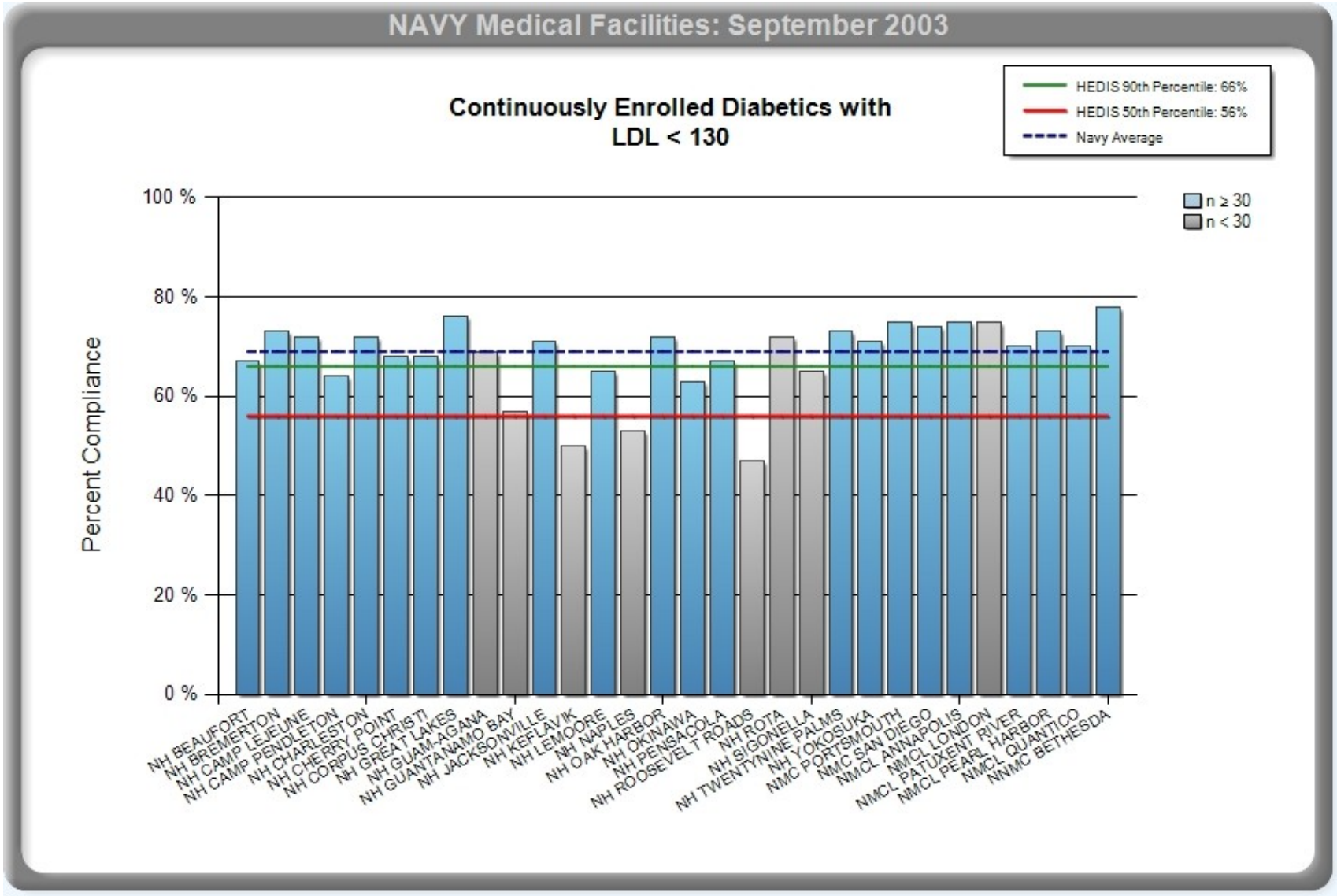

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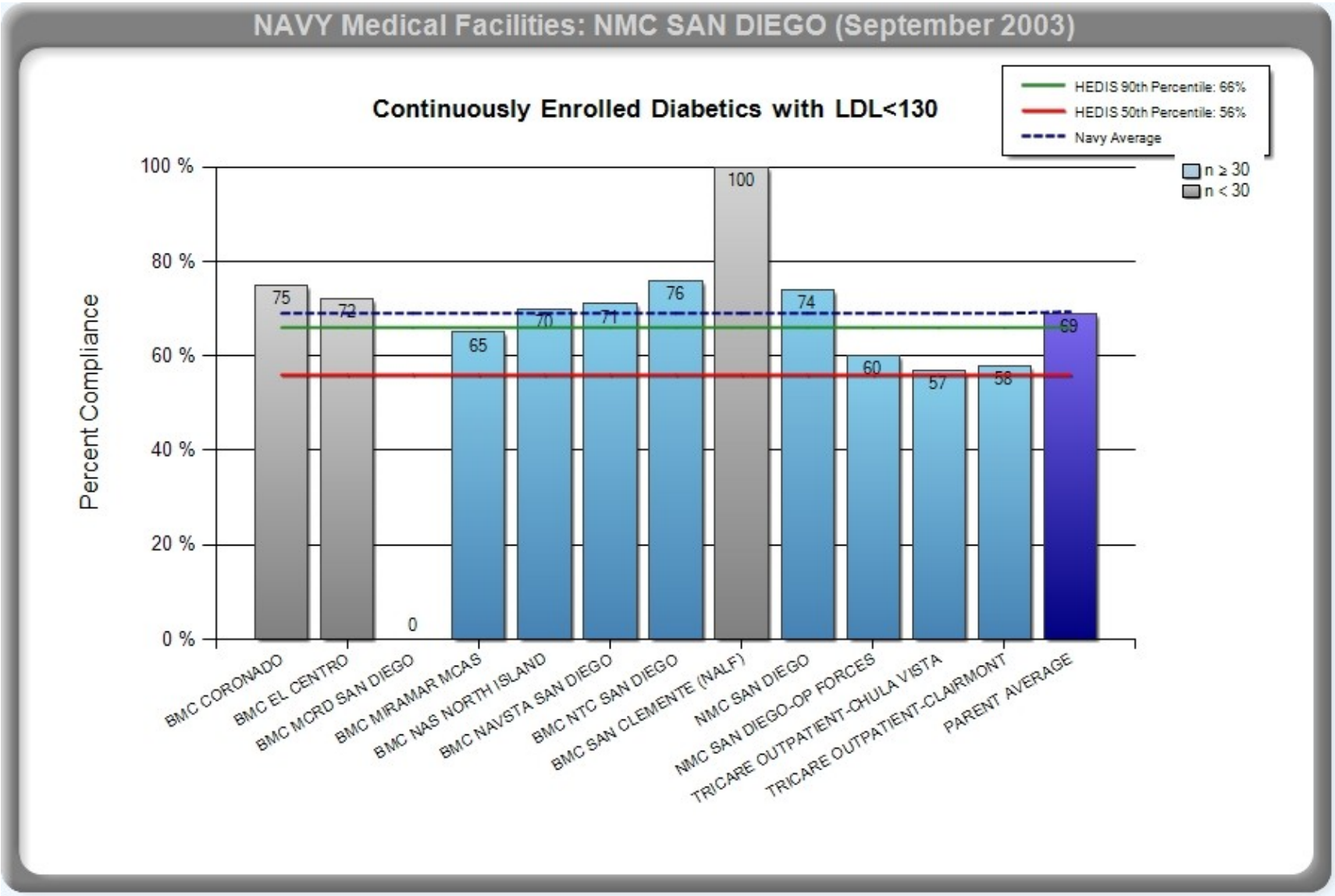

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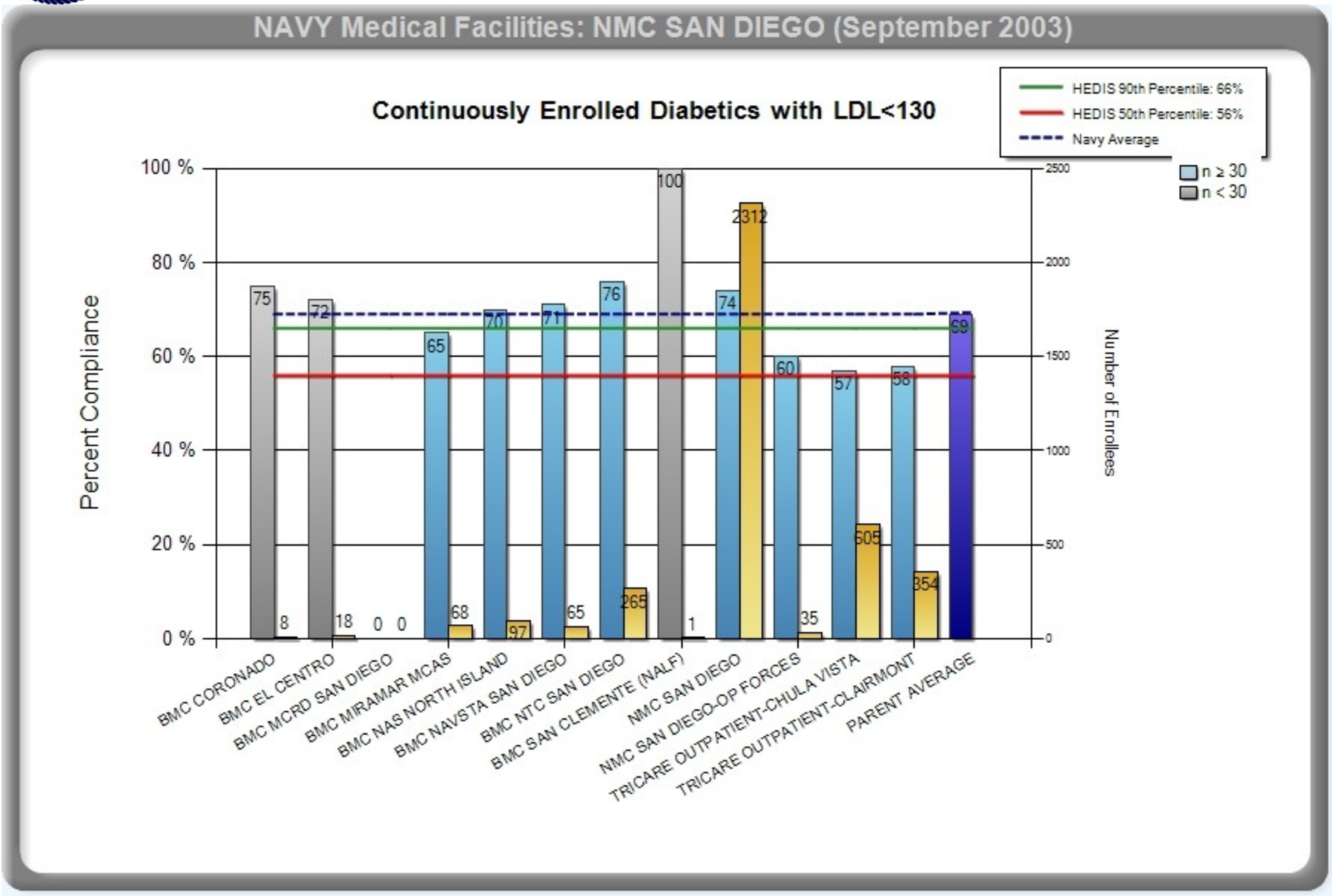
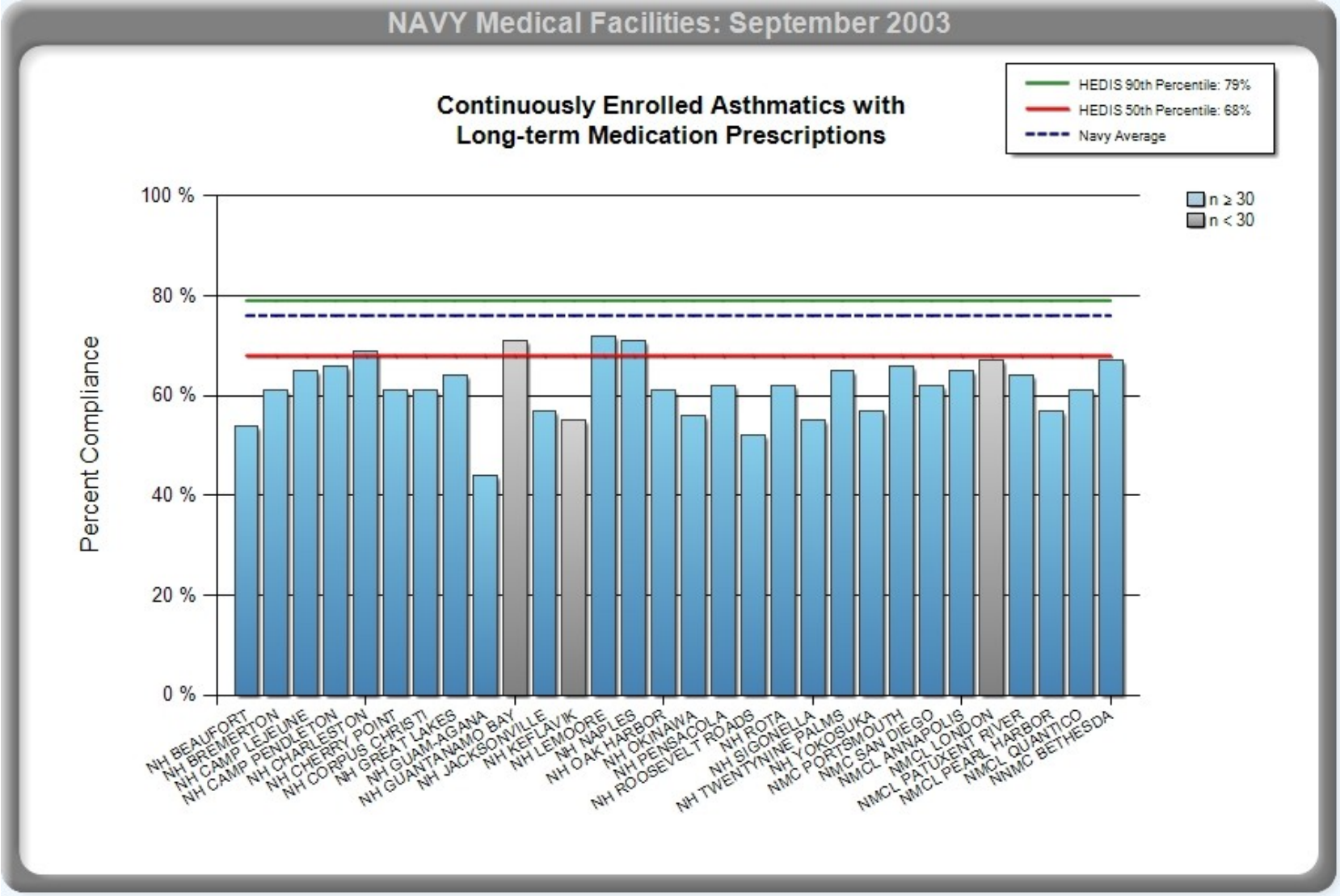


Asthma-Rx with Long-term Meds* BUMED Clinical Practice Metrics



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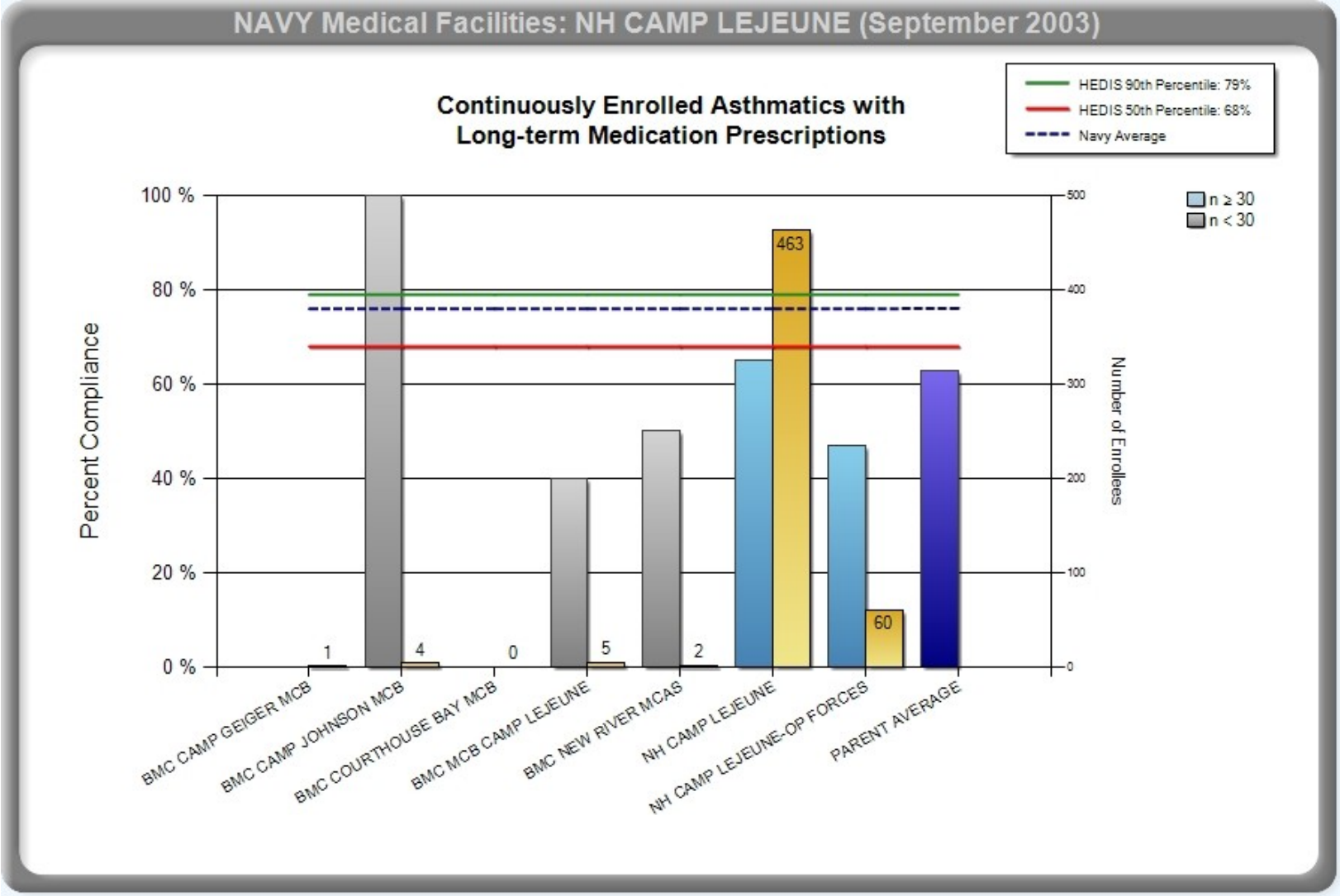
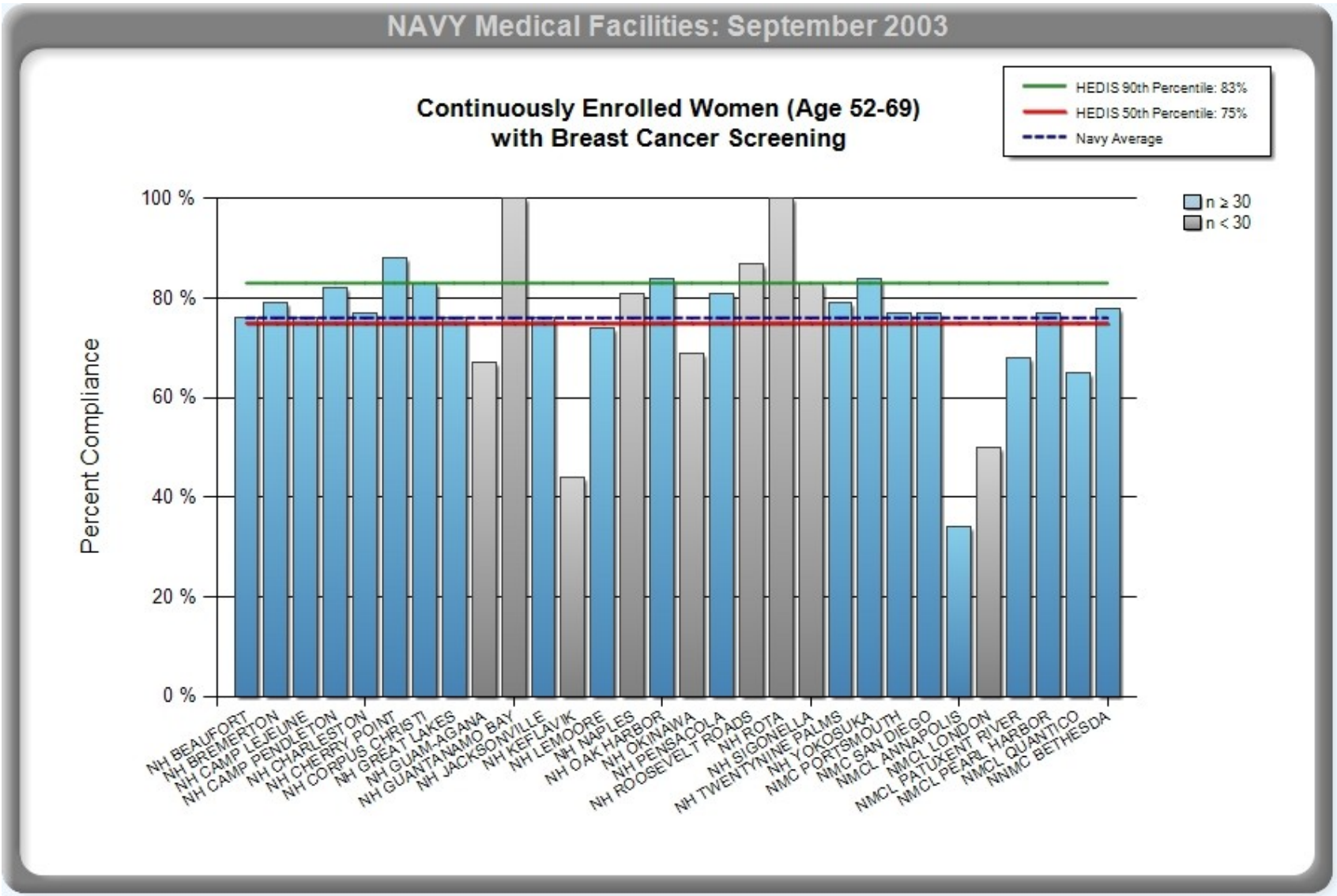


Mammogram Comparison

BUMED Clinical Practice Metrics



ORYX®

- Joint Commission on Accreditation of Healthcare Organizations (JCAHO) initiative
  - Introduced in February 1997
  - Integrates outcomes and other performance measurement data into the accreditation process
  - Intended to be a flexible and affordable approach for supporting quality improvement efforts in JCAHO accredited hospitals
- http://www.jcaho.org/accredited+organizations/hospitals/oryx/index.htm

ORYX®

- Initial “core” measures (July 2001)
  - Acute myocardial infarction (AMI)
  - Heart failure (HF)
  - Community-acquired pneumonia (CAP)
  - Pregnancy and related conditions (PR)
- Each accredited organization will be required to select core measure sets
- January 2004: Priority focus process (PFP) - total number of measures required “will be relatively small”

ORYX®

- JCAHO surveyors assess the use of selected measures in performance improvement activities
- For each measure, an organization must:
  - Demonstrate the ability to collect data reliably
  - Conduct credible analyses and interpretation of the data
  - Initiate appropriate system and process improvements

ORYX®

- MTF must select performance measures and contract with ORYX® vendors
- ORYX® vendors provide Summary of Measures & forward datasets to JCAHO
  - Control charts are provided for each measure (after it has been used for at least 12 months)
  - Comparison charts: Provided regardless of how long the measure has been used and note:
    - Name of the measure, brief description of its focus, “direction" in which data for would demonstrate improvement
    - List of months with missing data and corresponding reasons
    - Desirable and undesirable outlier points and when they occurred
- Joint Commission analyzes each selected performance measure in monthly increments

NQMP

- “The National Quality Management Program (NQMP) goal is to improve the quality of care provided to Military Health System (MHS) beneficiaries through the provision of educational and analytical support and a proven process of external peer review.”

- NQMP Website: Excellent source of Military Health System care review

- http://www.nqmp.info/index.asp

NQMP

- Fact Sheets: Special studies (surveys & analysis)
- Briefings
- JCAHO ORYX® assistance

Available Special Study Fact Sheets:

Special Studies

Year	Title
2003	Adolescent Immunization in the Military Health System
2003	Asthma Care in the Military Health System
2003	Ischemic Heart Disease in the Military Health System
2003	Post Deployment Health in the Military Health System
2002	Asthma Care - Appropriate Use of Medication in the Military Health System
2002	Breast Cancer Screening in the Military Health System
2002	Cervical Cancer Screening in the Military Health System
2002	Childhood Immunization in the Military Health System

NQMP

JCAHO ORYX® assistance Fact Sheets:

JCAHO ORYX®

Date	Title
Jan. 2003	Data Transmission/Report information and Schedule
Sept. 2002	Contractor Functions -- JCAHO ORYX® Acute Care Measures
June 2002	ORYX® Data Abstraction Process
Sept. 2002	The JCAHO ORYX® Data Collection Process -- From Military Treatment Facilities (MTF) to the Pull List
June 2002	Pull List Content Versus Actual Number of Discharges

Healthy People 2010

- Healthy People 2010 - the prevention agenda for the Nation
- Two overarching goals
  - Increase quality and years of healthy life
  - Eliminate health disparities
- Objectives are organized in 28 focus areas, each representing an important public health area
- Each objective has a target for improvements to be achieved by the year 2010
- http://www.healthypeople.gov/default.htm

Healthy People 2010

Focus Areas (28)

1. Access to Quality Health Services
2. Arthritis, Osteoporosis and Chronic Back Conditions
3. Cancer
4. Chronic Kidney Disease
5. Diabetes
6. Disability and Secondary Conditions
7. Educational and Community-Based Programs
8. Environmental Health
9. Family Planning
10. Food Safety
11. Health Communication
12. Heart Disease and Stroke
13. HIV
14. Immunizations and Infectious Diseases
15. Injury and Violence Prevention
16. Maternal, Infant, and Child Health
17. Medical Product Safety
18. Mental Health and Mental Disorders
19. Nutrition and Overweight
20. Occupational Safety and Health
21. Oral Health
22. Physical Activity and Fitness
23. Public Health Infrastructure
24. Respiratory Diseases
25. Sexually Transmitted Diseases
26. Substance Abuse
27. Tobacco Use
28. Vision and Hearing

Healthy People 2010

Leading Health Indicators:

- Will be used to measure the health of the Nation over the next 10 years
- Each of the 10 Leading Health Indicators has one or more objectives from Healthy People 2010 associated with it
- Reflect the major health concerns in the United States at the beginning of the 21st century
- Selected on the basis of:
  - Ability to motivate action
  - Availability of data to measure progr
  - Importance as public health issues

Healthy People 2010

Leading Health Indicators:

- **Physical Activity** (Objectives: 22-2 & 22-7)
- **Overweight and Obesity** (Objectives: 19-2 & 19-3c)
- **Tobacco Use** (Objectives: 27-1a & 27-2b)
- **Substance Abuse** (Objectives: 26-10a, 26-10c & 26-11c)
- **Responsible Sexual Behavior** (Objectives: 13-6 & 25-11)
- **Mental Health** (Objective: 18-9b)
- **Injury and Violence** (Objectives: 15-15a & 15-32)
- **Environmental Quality** (Objectives: 8-1a & 27-10)
- **Immunization** (Objectives: 14-24, 14-29a & 14-29b)
- **Access to Health Care** (Objectives: 1-1, 1-4a & 16-6a)

Healthy People 2010

- "DATA2010"
- Database for Leading Health Indicators
- Excel spreadsheets located at:
- http://wonder.cdc.gov/data2010/

DATA2010 ...the Healthy People 2010 Database

Clinical Epidemiology

Practice Metrics

Questions?